

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/25/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the emergency lights.</p> <p>The findings include:</p> <p>Records review on 5/24/10 at 8:45 p.m. revealed the facility was unable to provide documentation that the emergency lights located in stations' 1 and 2 medicine rooms were tested monthly and annually. National Fire Protection Association (NFPA) 101, 7.9.3</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/24/10.</p>	K 046	<p>The emergency lights were checked for operation on 05/24/2010 and found to be working.</p> <p>We have added these emergency lights to our comprehensive preventative maintenance program and the lights will be checked monthly.</p> <p>End POC K 046</p>	05/31/2010	
K 052 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052	<p>Neither the Plant Operations Director nor the Administrator recall confirming this deficiency during the exit conference. Nor do we recall being asked for this information.</p> <p>A comprehensive report is attached that documents that the sensitivity test have been conducted in accordance with NFPA 70 and 72</p>	05/31/2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

J. STONE

ADMINISTRATOR

6/9/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JUN 10 2010

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K 052	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the fire alarm system. The findings include: Record review on 5/24/10 at 8:50 p.m. revealed the facility was unable to provide documentation that the smoke detectors' sensitivity test was conducted every 2 years. National Fire Protection Association (NFPA) 7-3.2.1 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/24/10. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system gages. The findings include: Records review on 5/24/10 at 8:55 p.m. revealed the facility was unable to provide documentation that the sprinkler system gages were tested or replaced every 5 years.	K 052			
K 062 SS=E		K 062	The guages have been replaced. Additionally, they were schedule to be replaced later this year. End POC K 062	05/31/2010	

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K 062	Continued From page 2 National Fire Protection Association (NFPA) 25, 2-2.1 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/24/10.	K 062			

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